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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

Sepia Vonnatto Blackstock

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Magnolia Health Care

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Sepia Vonnatta Blackstock</u>
Street Address	<u>P.O. Box 2917</u>
City and County	<u>Hurtsville, Darlington County</u>
State and Zip Code	<u>South Carolina, 29551</u>
Telephone Number	<u>843-307-1809</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Magnolia Health Care</u>
Job or Title (if known)	<u>Doctor's Office</u>
Street Address	<u>619 South Dargan Street</u>
City and County	<u>Florence, Florence County</u>
State and Zip Code	<u>South Carolina, 29501</u>
Telephone Number	<u>843-432-2502</u>

Defendant No. 2

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

Defendant No. 3

Name	_____
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Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

Defendant No. 4

Name _____
 Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Title 15, Chapter 3 545 (medical malpractice/medical negligence)
medical misconduct) Title 40 Chapter 33 Nurses / Article 1
(See attached sheets)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$ 30,000

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On September 5, 2017 I had a scheduled appointment to be seen by Dr Emmanuel Quaye. During this visit I explained that I desperately needed a referral to a pulmonologist because mine had moved away. (See attached sheets)

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

For this act of malpractice and misconduct I would like \$30,000 for pain and suffering and mental anguish for not being treated for my illness.

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magnolia HealthCare

(A) If the Basis for Jurisdiction is a Federal Question (continued)

List the specific federal statutes, federal treaties and/or provisions of the United States Constitution that are at issue in this case:

Laws: 1935 (39) 173, 1942 Code Section 5223, 1947 (45) 579, 1952 Code Section 56-951, 1959 (51) 307, 1962 Code Section 56-951, 1969 (56) 243, 1975 (59) 563, 1987 Act No 114 Section 1, 1989 Act No 137, Section 1, 2002 Act No 337, Section 2A, 1976 Code Section 40-33-10.

Section 40-33-70 Code of Ethics

"Nurses shall conduct themselves in accordance with the code of ethics adopted by the board in Regulation".

Laws: 1942 Code Section 5224, 1935 (39) 173, 1947 (45) 579, 1952 Code Section 56-961, 1959 (51) 307, 1962 Code Section 56-961

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A) IF the Basis for Jurisdiction is a Federal Question (continued)

Laws: 1974 (58) 1943, 1975 (59) 543;

1981 Act No 89, Section 2, 3, 5, 1990 Act

No 513, Section 1, 1976 Code Section 90-33-210

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III Statement of Claim (continued)

my Pulmonologist manages my asthma. I am currently experiencing increased shortness of breath and wheezing because I had to discontinue my longterm inhaler due to eye pain. I explained this to Dr Quaye during the September 5, 2017 visit. It said that he would try to replace the inhaler.

During this visit, I also explained that I needed a referral for a new endocrinologist because mine had moved away, and that I needed a refill of my medication that my endocrinologist gave me that manages my brain tumor. I also explained during this visit that I needed a referral to see a new endocrinologist. I also requested a referral to see ~~an~~ a new ear, nose, and throat doctor because I was dissatisfied with my former ear, nose, and throat doctor so I closed my case. I have many food allergies and environmental allergies that trigger

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III Statement of Claim (continued)

asthma attacks in me. I waited a few days and called my pharmacy to see if my medications had been called in yet and the pharmacy told me that nothing had been called in yet. I remember that as I was leaving my September 5th appointment, Dr Quaye stated that a nurse would be the one responsible for calling my medications into the pharmacy and getting my physician ~~referrals~~ referrals. I patiently waited and waited so I eventually called magnolia Health Care on September 12, 2017. I spoke to a nurse who identified herself as Karen. She told me that she was busy and that she was working on my medicine refills and my doctor referrals. I explained to her that I was having trouble breathing and that it had been almost a week since I asked Dr. Quaye for refills and referrals.

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II Statement of Claim (continued)

On ~~August~~ September 13, 2017 after eight days of not receiving refills or referrals to see doctors in the mail, I went in person and ask for these at Magnolia Health Care. This nurse named Karen was extremely rude, spoke loudly and slammed the Door in my Face. This intimidation act done by Karen caused me to leave and call Magnolia Health Care and ask them to call in my refills. Another nurse employed at Magnolia Health Care called in my brain tumor medicine, but they never called in my new asthma inhaler or mailed a referral to see a pulmonologist or ear nose and throat doctor. After ~~the~~ September 13, 2017, I finally received a referral in the mail for an endocrinologist.

As a result of not having the Asthma Inhaler that I asked for, I can only do limited activity. I had to stop ~~exercising~~ exercising completely due to shortness of breath.

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III Statement of Claim (continued)

I have gained about five pounds due to inability to exercise. I am prone to obesity and I suffer from a foot condition known as plantar fasciitis that is aggravated by excess ~~weight~~ weight gain as well.

as Depression which is improved by exercise.

As a result of not being able to exercise, my mood has worsened. I complained to the Dept. of Labor and Licensing,

Board but they were unable to proceed with the complaint because I didn't know her last name. Her Behavior toward me shows that she is incompetent as a nurse and is guilty of misconduct.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Nov, 2017

Signature of Plaintiff

Printed Name of Plaintiff

Sepia Vannetta Blackwell
Sepia Vannetta Blackwell

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address